



Delivering Excellence Every Day

**PUBLIC WORKS & WASTE MANAGEMENT DEPARTMENT
ADDITIONAL CART REQUEST FORM
FOR RESIDENTIAL USE ONLY**

(To be completed by the property owner only)

Request Date: _____

Property Owner: _____

Property Address: _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different from property address): _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Daytime Tel: _____ Alternate Tel: _____

Fax: _____ E-mail: _____

I hereby authorize the Department of Public Works & Waste Management to deliver _____ additional Cart/s to the above address and bill me at the rate of \$50.00 per cart.

Please mark [X] to indicate the cart type and size requested:

Green Waste Cart [] 96-Gallon (Standard size) [] 64-Gallon [] 35-Gallon

Blue Recycling Cart [] 95-Gallon [] 65-Gallon (Standard size) [] 35-Gallon

Property Owner's Signature

Date

Fax the completed Additional Cart Request Form to **305-514-6219** or mail to Miami-Dade County Department of Public Works & Waste Management, **2525 NW 62nd Street, 5th Floor, Miami, Florida 33147**, attention **Public Information & Outreach Division**, or email to dswm@miamidade.gov

DO NOT send payment at this time. You will be billed once the additional cart is delivered.

For Public Information & Outreach Division Use Only:

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____



Closed in CSR

Date: _____

Initials: _____



Sent To Accounting

Date: _____

Initials: _____

